

**SOJOURNER'S PERMIT WORKSHEET**

**PRIVACY ACT NOTICE:** Individuals are asked to complete this form voluntarily for us to prepare your Sojourner's Permit reports. Failure to provide this information may result in a denial of a Sojourner's permit. The authority for this request is 5 U.S.C. § 301 and the North Atlantic Treaty Organization Status of Forces Agreement (SOFA). This form is not protected by any attorney-client privilege and may be released to law enforcement upon official request.

---

**APPLICANTS REQUIRED INFORMATION**

**(Person Applying for Sojourner's permit)**

This is a:

**1st TIME APPLICATION**

**RENEWAL APPLICATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

CITIZENSHIP (check one):

MARITAL STATUS (check one):

US

MARRIED

OTHER (SPECIFY BELOW)

NEVER MARRIED

DIVORCED

WIDOWED

HOME OF RECORD: \_\_\_\_\_

City

State

Country

CURRENT ADDRESS IN ITALY (NO PSC ADDRESS - e.g., TLA, CAPO INN, Support Site Bldg/Apt number, hotel downtown)

\_\_\_\_\_

**DATE & AIRPORT** OF ENTRY INTO **EUROPE** (only 1st time applicants):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DAY MONTH YEAR AIRPORT

YOUR STATUS IN ITALY (check one):

- SPOUSE ON MILITARY ORDERS
- RELATIVE ON MILITARY ORDERS, PLEASE SPECIFY RELATIONSHIP TO SPONSOR \_\_\_\_\_
- CIVILIAN (GS /OTHER) ON U.S. GOVT ORDERS
- CONTRACTOR
- FAMILY MEMBER OF CIVILIAN OR CONTRACTOR

**CONTINUED ON THE BACKSIDE OF THIS FORM**

**SPONSOR'S REQUIRED INFORMATION**

**(your info if you're the sponsor)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

RANK/RATE: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_

COMMAND: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

E-MAIL (WORK OR PERSONAL): \_\_\_\_\_

---

**REQUIRED INFORMATION OF CHILDREN UNDER THE AGE OF 14**

1. LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

2. LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

3. LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

4. LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

5. LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

**I CERTIFY THIS INFORMATION IS CORRECT TO USE TO THE BEST OF MY KNOWLEDGE**

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

**Signature of Applicant:** \_\_\_\_\_